

Description	Day of Surgery – POD 0 ICU	POD 1 - ICU	POD 2 - ICU	POD 3 – ICU
Labs	BMP, CBC, Magnesium, Phosphorus PT/INR TSH Ultrasensitive ABG (if vented)	BMP, CBC, Magnesium, Phosphorus RN to draw labs at 4 am	BMP, CBC, Magnesium, Phosphorus RN to draw labs at 4 am	BMP, CBC, Magnesium, Phosphorus RN to draw labs at 4 am
Neuro	Pain management – PCA CIWA PRN if ordered Begin liquid pain medications through feeding tube once cleared for use	Pain management – PCA, liquid pain meds via feeding tube CIWA PRN if ordered	Pain management – wean PCA, , liquid pain meds via feeding tube CIWA PRN if ordered	Pain management –wean PCA Liquid pain medications through feeding tube CIWA PRN if ordered
Cardiovascular	Tele/CPOX Q1 vital signs Anticoagulation/VTE prophylaxis Notify ENT before starting vasopressors Notify ENT if anticoagulation held No nicotine or caffeine	Tele/CPOX Q1 vital signs Anticoagulation/VTE prophylaxis Notify ENT before starting vasopressors Notify ENT if anticoagulation held Remove arterial line No nicotine or caffeine	Tele/CPOX Q1 vital signs Anticoagulation/VTE prophylaxis Notify ENT before starting vasopressors Notify ENT if anticoagulation held No nicotine or caffeine	Tele/CPOX Q1 vital signs Anticoagulation/VTE prophylaxis Notify ENT before starting vasopressors Notify ENT if anticoagulation held No nicotine or caffeine
Respiratory	Stat CXR on arrival to ICU RT consult for trach teaching Encourage IS if no trach Trach suction q2 hrs and PRN Wean to humidified trach collar as soon as possible	RT to start trach teaching on POD#1 Encourage IS if no trach Trach suction q2 hrs and PRN, use saline with suction PRN Humidified trach collar	RT to continue trach teaching Encourage IS if no trach Trach suction q2 hrs and PRN, use saline with suction PRN Humidified trach collar	RT to continue trach teaching Encourage IS if no trach Trach suction q2 hrs and PRN, use saline with suction PRN Humidified trach collar
Renal/Fluids	Strict I/O per protocol MIVF Electrolyte replacement	Strict I/O per protocol MIVF Electrolyte replacement	Strict I/O per protocol Total fluids 100 ml/hr Consider discontinuing MIVF if TF advancing Electrolyte replacement	Strict I/O per protocol Total fluids 100 ml/hr Electrolyte replacement
GI/Nutrition	AXR to confirm NG tube placement GI Prophylaxis for pharyngeal reconstructions Strict NPO Dietary consult NG tube plan (LIWS, gravity) NG tube fixation (ex. bridle) DO NOT MANIPULATE NG TUBE Notify ENT if N/V	GI Prophylaxis for pharyngeal reconstructions Strict NPO If cleared by ENT, will begin trickle tube feeds without advancing (if bowel sounds+/BM) DO NOT MANIPULATE NG TUBE Notify ENT if N/V or TF held Daily weight	GI Prophylaxis for pharyngeal reconstructions Strict NPO If cleared by ENT, start TF & advance per order DO NOT MANIPULATE NG TUBE Notify ENT if N/V or TF held Daily weight	GI Prophylaxis for pharyngeal reconstructions Strict NPO Advance TF per order DO NOT MANIPULATE NG TUBE Notify ENT if N/V or TF held Daily weight
Heme	ASA 81 mg PR or FT (if cleared), to start 6hrs after surgery Prophylactic SQH 5000 mg TID, to start 6hr after surgery Consider transfusion for Hgb < 8 SCDs on while in bed	ASA 81 mg via FT Prophylactic SQH 5000 mg TID Consider transfusion for Hgb < 8 SCDs on while in bed	ASA 81 mg via FT Prophylactic SQH 5000 mg TID Consider transfusion for Hgb < 8 SCDs on while in bed	ASA 81 mg via FT Prophylactic SQH 5000 mg TID Consider transfusion for Hgb < 8 SCDs on while in bed
ID	Unasyn x 24 hours, Monitor CBC daily	Complete Unasyn x 24 hours Monitor CBC daily	Monitor CBC daily	Monitor CBC daily
Skin / Musculoskeletal / Nursing Care	Bed Rest HOB 30 degrees Head positioning per order PT/OT consult Nothing around neck Q1 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce skin graft donor dressing site PRN Monitor JP output OT consult for placement of splint (forearm	HOB 30 degrees Head positioning per order Nothing around neck OOB to chair Q1 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce donor dressing site PRN Monitor JP output Begin gentle mouth care 6 times per day – rinse oral cavity with 30 cc NS and suction with soft suction	HOB 30 degrees Head positioning per order OOB to chair Nothing around neck Q1 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce donor dressing site PRN Monitor JP output Gentle mouth care 6 times per day – rinse oral cavity with 30 cc NS and suction with soft suction Check donor site cap refill q1 hr	HOB 30 degrees Head positioning per order OOB as tolerated – begin ambulation Nothing around neck Q1 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce donor dressing site PRN Monitor JP output Gentle mouth care 6 times per day – rinse oral cavity with 30 cc NS and suction with soft suction

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	flap) or boot (fibula flap) Wound Vac if present (see orders for settings) Check donor site cap refill q1 hr	Splint present Check donor site cap refill q1 hr Remove Foley per RN driven protocol		
Discharge Planning	Orientation to unit/room Complete admission form CM/SW consult, Smoking Cessation consult Advance Directive form completed Height & Weight upon admission	Assess readiness to learn (document under education tab) Medication education – reinforce analgesia Begin Trach education – reinforce importance of humidification via trach collar Begin forming discharge plan with CM/SW	Reinforce previous education Encourage patient/family to begin self trach care	
Description	POD 4 – transfer to floor	POD 5	POD 6	POD 7-8
Labs	BMP, CBC, Magnesium, Phosphorus RN to draw labs at 4 am	BMP, CBC, Magnesium, Phosphorus RN to draw labs at 4 am	BMP, CBC, Magnesium, Phosphorus RN to draw labs at 4 am	BMP, CBC, Magnesium, Phosphorus RN to draw labs at 4 am
Neuro	Pain management – d/c PCA Liquid meds through NG CIWA PRN if ordered	Pain management – Liquid meds through NG CIWA PRN if ordered	Pain management – Liquid meds through NG CIWA PRN if ordered	Pain management – Liquid meds through NG CIWA PRN if ordered
Cardiovascular	Tele/CPOX Q4 vital signs Anticoagulation/VTE prophylaxis Notify ENT if anticoagulation held No nicotine or caffeine	Tele/CPOX Q4 vital signs Anticoagulation/VTE prophylaxis Notify ENT if anticoagulation held No nicotine or caffeine	Tele/CPOX Q4 vital signs Anticoagulation/VTE prophylaxis Notify ENT if anticoagulation held No nicotine or caffeine	Tele/CPOX Q4 vital signs Anticoagulation/VTE prophylaxis Notify ENT if anticoagulation held No nicotine or caffeine
Respiratory	RT to continue trach teaching Encourage IS if no trach Trach suction Q4 hrs & PRN Humidified Trach Collar	RT to continue trach teaching Encourage IS if no trach Trach suction Q4 hrs & PRN ENT trach change. May begin PMV or capping as tolerated.	RT to continue trach teaching Encourage IS if no trach Trach suction Q4 hrs & PRN Complete home O2 eval	RT CM to confirm trach teaching and supplies prior to discharge Encourage IS if no trach Trach suction Q4 hrs & PRN
Renal/Fluids	Strict I/O per protocol Electrolyte replacement	Strict I/O per protocol Electrolyte replacement	Strict I/O protocol Electrolyte replacement	Strict I/O per protocol Electrolyte replacement
GI/Nutrition	GI Prophylaxis for pharyngeal reconstructions Strict NPO TF at goal rate- transition to bolus feeds DO NOT MANIPULATE NG TUBE Notify ENT if N/V or TF held Daily weight	GI Prophylaxis for pharyngeal reconstructions Strict NPO TF at goal rate vs bolus feeding DO NOT MANIPULATE NG TUBE Notify ENT if N/V or TF held Daily weight	GI Prophylaxis for pharyngeal reconstructions Strict NPO TF at goal rate vs bolus feeding DO NOT MANIPULATE NG TUBE Notify ENT if N/V or TF held Daily weight	GI Prophylaxis for pharyngeal reconstructions Strict NPO, possible advancement of diet per ENT TF at goal rate vs bolus feeding DO NOT MANIPULATE NG TUBE Notify ENT if N/V or TF held Daily weight
Heme	ASA 81 mg via FT Prophylactic SQH 5000 mg TID Consider transfusion for Hgb < 8 SCDs on while in bed	ASA 81 mg via FT Prophylactic SQH 5000 mg TID Consider transfusion for Hgb < 8 SCDs on while in bed	ASA 81 mg via FT Prophylactic SQH 5000 mg TID Consider transfusion for Hgb < 8 SCDs on while in bed	ASA 81 mg via FT Prophylactic SQH 5000 mg TID Consider transfusion for Hgb < 8 SCDs on while in bed
ID	Monitor CBC daily	Monitor CBC daily	Monitor CBC daily	Monitor CBC daily
Skin/Musculoskeletal/ Nursing care	HOB 30 degrees Head positioning per order OOB as tolerated Encourage ambulation in hallways Increase ambulation by 5-10minutes each day Nothing around neck Q2 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce donor dressing site PRN Monitor JP output	HOB 30 degrees Head positioning per order OOB as tolerated Encourage ambulation in hallways Increase ambulation by 5-10minutes each day Q2 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce donor dressing site PRN Monitor JP output Gentle mouth care 6 times per day – rinse oral cavity with 30 cc NS and suction with soft suction	HOB 30 degrees Head positioning per order OOB as tolerated Encourage ambulation in hallways Increase ambulation by 5-10minutes each day Q4 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce donor dressing site PRN Monitor JP output Gentle mouth care 6 times per day – rinse oral cavity with 30 cc NS and suction with soft suction	HOB 30 degrees Head positioning per order Encourage ambulation Q4 flap checks – Doppler, color & temp Combined flap check at change of shift OK to reinforce donor dressing site PRN Monitor JP output Gentle mouth care 6 times per day – rinse oral cavity with 30 cc NS and suction with soft suction

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	Gentle mouth care 6 times per day – rinse oral cavity with 30 cc NS and suction with soft suction			
Discharge Planning	Continue Trach & TF education Notify floor CM/SW of patient’s transfer to floor for D/C planning, needs assessment, discussion with family regarding ability to provide home care.			Goal discharge: POD 7 Review AVS Patient should demonstrate knowledge with use of teach back - Trach & TF Follow-up appointment scheduled within 7 days Home health if indicated